PAGE 1 / 11

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

1. NAME OF COMMITTEE (in full) Janice Kovach for Congress 196 West State Street	FORM 3	For A	An Authorize		_	<u> </u>		Office Use Or	าly	
ADDRESS (number and street) Check if different than previously) reported. (ACC) 2. FEC IDENTIFICATION NUMBER C C C00554990 3. IS THIS NEW AMENDED (A) 6. TYPE OF REPORT (Choose One) (A) 6. Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) Cotober 15 Quarterly Report (Q2) Cotober 15 Quarterly Report (Q2) Cotober 15 Quarterly Report (Q2) Termination Report (TER) C Covering Period ADDRESS (number and street) ITrenton (ADDRESS (number and street) APRIL TO DE ADDRESS (Number and street) STATE ZIP CODE STATE DISTRICT NJ 07 AMENDED (A) Primary (12P) General (12G) Runoff (12F) Convention (12C) Special (12S) Flection on State of State of Flection on In the State of State of Trenton (12C) Flection on The port for the: General (30G) Runoff (30R) Special (30S) Fermination Report (TER) To per Print Name of Treasurer Peter D Nichols Flectronically Filed Date Peter D Nichols Signature of Treasurer Peter D Nichols Flectronically Filed Date Peter D Nichols Flectronically Filed Date Peter D Nichols			PRINT ▼			g, type	12FE4M5			
ADDRESS (number and street) Check if different than previously reported. (ACC) Trenton Tre	Janice Kovach	for Congress								ı
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than previously reported. (ACC) Trenton report (ACC) Trenton reported report (ACC) Trenton report (ACC) Tren	ADDRESS (number an		State Street							
than previously reported. (ACC) Trenton report (ACC) Trenton reported report (ACC) Trenton report (ACC) Tren	Check if diff	ferent								
3. IS THIS REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (YE) Termination Report (TER) Termination Report (TER) 1. Covering Period Determination Report (TER) Termination Report (TER) Termination Report (TER) STATE ▼ DISTRICT (N) OR AMENDED (A) AMENDED (A) NJ O7 NJ O7 NJ O7 NJ O7 AMENDED (A) NJ O7	than previou	ısly Trenton					NJ L	08608		
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) Cotober 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER) Covering Period April 15 Quarterly Report (Q3) Termination Report (TER) Special (12G) Runoff (12R) Convention (12C) Special (12S) Election on	2. FEC IDENTIFIC	ATION NUMBER	C	ITY A		;	STATE A			OTDIOT
(a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (YE) General (12G) Primary (12P) Convention (12C) Special (12S) January 31 Year-End Report (YE) General (30G) Runoff (30R) Special (30S) Termination Report (TER) Flection on General (30G) Runoff (30R) Special (30S) Runoff (30R) Special (30S) Flection on Flection	C C0055498	0						DED		
(a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (YE) General (12G) Primary (12P) Convention (12C) Special (12S) January 31 Year-End Report (YE) General (30G) Runoff (30R) Special (30S) Termination Report (TER) Flection on General (30G) Runoff (30R) Special (30S) Runoff (30R) Special (30S) Flection on Flection	. 5/5- 6- 5-									
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) X January 31 Year-End Report (YE) General (12G) Runoff (12R) Primary (12P) General (12G) Special (12S) July 15 Quarterly Report (Q3) Flection on State of General (30G) Runoff (30R) Special (30S) Runoff (30R) Special (30S) Fermination Report (TER) Felection on M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		, , , , , , , , , , , , , , , , , , ,	(b) 12-D	ay PRE -l	Election Repo	rt for the:				
October 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) X January 31 Year-End Report (YE) Election on					Primary (12P)		General (12G)	Runoff	(12R)
October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) General (30G) Runoff (30R) Special (30S) Termination Report (TER) Election on M M M / D D / Y Y Y Y Y in the State of State of Sta	April 15	Quarterly Report (Q1)			Convention (12C)	Special (1	2S)		
October 15 Quarterly Report (Q3) X January 31 Year-End Report (YE) (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Termination Report (TER) Election on Termination Report (TER) Election on Termination Report (TER) Termination Report (TER) Election on Termination Report (TER) Flection on Termination Report (TER) Termination Report (TER) Flection on Termination Report (TER) Flection Report for the: Termination Report (TER) Flection on Termination Report (TER) Flection Report for the: Termination Report (TER) Flection Report for the: Termination Report (TER) Flection on Termination Report (TER) Flection Report for the: Termination Report (TER) Flection on Termination Report (TER) Flection Report for the: Termination Report (TER) Flection on Termination Report (TER) Flection Report for the: Termination Report (TER) Flection Report for the: Termination Report (TER) Flecti	July 15	Quarterly Report (Q2)								
General (30G) Runoff (30R) Special (30S) Termination Report (TER) Election on M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	October	15 Quarterly Report (Q	egg) Elec	ction on	M M /	B B 7	Y Y Y Y			
Termination Report (TER) Election on M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	X January	31 Year-End Report (YI	E) (c) 30-D	ay POST	-Election Rep	ort for the:				
5. Covering Period M M M O1 O1 V 2015 through 12 31 V 2015 I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Peter D Nichols [Electronically Filed] NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.					General (30G		Runoff (30	OR)	Specia	I (30S)
5. Covering Period 10 01 2015 through 12 31 2015 I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Peter D Nichols Signature of Treasurer Peter D Nichols [Electronically Filed] Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.	Termina	tion Report (TER)	Elec	ction on	M M /	D D /	Y			
Type or Print Name of Treasurer Peter D Nichols Signature of Treasurer Peter D Nichols [Electronically Filed] Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.	5. Covering Period			Y	through	M M 12			Υ	
Signature of Treasurer Peter D Nichols [Electronically Filed] Date Date Da	I certify that I have e.	xamined this Report a	nd to the best o	of my kno	wledge and l	belief it is tru	ue, correct and	d complete.		
Signature of Treasurer Peter D Nichols [Electronically Filed] Date 01 16 2016 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.	Type or Print Name of	of Treasurer Peter D	Nichols							
	Signature of Treasure	r Peter D Nichols		l	Electronically 1	Filed] D	01			
Office	NOTE: Submission of	false, erroneous, or inco	omplete informati	on may s	ubject the per	son signing t	his Report to t	he penalties o	of 2 U.S.C.	§437g.
Use Only FEC FORM 3 (Revised 02/2003)									_	

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

PAGE 2 / 11

Write or Type Committee Name

Janice Kovach for Congress

12 31 2015 01 2015 Report Covering the Period: From: To: **COLUMN A COLUMN B Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 0.00 73555.33 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 250.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 73305.33 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 0.00 110011.07 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 0.00 110011.07 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 4547.18 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 72691.89 Schedule C and/or Schedule D).....

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 11

Write or Type Committee Name

Janice Kovach for Congress

I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
1. (CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees			
	(i) Itemized (use Schedule A)	0.00	39095.00	
	(ii) Unitemized	0.00	16177.00	
	(iii) TOTAL of contributions from individuals	0.00	55272.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	11583.33	
,	d) The Candidate	0.00	6700.00	
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	73555.33	
	TRANSFERS FROM OTHER	0.00	2500.00	
	AUTHORIZED COMMITTEES		2000.00	
	_OANS: a) Made or Guaranteed by the			
`	Candidate	0.00	45000.00	
(b) All Other Loans	0.00	0.00	
(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	45000.00	
	OFFSETS TO OPERATING			
	EXPENDITURES Refunds, Rebates, etc.)	0.00	0.00	
	OTHER RECEIPTS Dividends, Interest, etc.)	0.00	0.00	
-	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) Carry Total to Line 24, page 4)	0.00	121055.33	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 11

		II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPI	ERATING EXPENDITURES	0.00	110011.07
18.		ANSFERS TO OTHER THORIZED COMMITTEES	0.00	0.00
19.	LOA	AN REPAYMENTS:		
	(a)	Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b)	Of All Other Loans	0.00	0.00
	(c)	TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
 20.	REF	FUNDS OF CONTRIBUTIONS TO:		
	(a)	Individuals/Persons Other Than Political Committees	0.00	0.00
	(b)	Political Party Committees	0.00	0.00
	(c)	Other Political Committees (such as PACs)	0.00	250.00
			7 7 7 7	
	(d)	TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	250.00
21.	ОТН	HER DISBURSEMENTS	0.00	0.00
22.		TAL DISBURSEMENTS d Lines 17, 18, 19(c), 20(d), and 21)	0.00	110261.07
		III. CASH SU	IMMARY	
23.	CAS	SH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	4547.18
24	тот	TAL RECEIPTS THIS PERIOD (from Line	16, page 3)	0.00
25.	SUI	BTOTAL (add Line 23 and Line 24)		4547.18
26.	TOT	TAL DISBURSEMENTS THIS PERIOD (fro	m Line 22)	0.00
27.		SH ON HAND AT CLOSE OF REPORTING	G PERIOD	4547.18

SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

5 OF

×	13a
	13b

DANS		Detailed Summary Pag			
AME OF COMMITTEE (In Full)		Transac	tion ID : SC/10.4133		
lanice Kovach for Congress					
LOAN SOURCE Full Name (Last, First, M	liddle Initial)	[PERSONAL FUNDS]	Election: 2014		
Janice Kovach		į. znocimiz i onzoj	Primary		
Mailing Address			General Other (specify) ▼		
4 Mitchell Lane			— Other (specify) •		
City	State ZIP Co	de			
Clinton	NJ 08809				
Original Amount of Loan	Cumulative Payment To	Date Bala	nce Outstanding at Close of This Period		
20000.00		0.00	20000.00		
TERMS Date Incurred	Date Due	Interest Rate	Secured:		
M 06 / D 13 / Y 2014 Y	M M / D D / Y	n Ďemand 0.00			
List All Endorsers or Guarantors (if any)	to Loan Source		Yes No		
Full Name (Last, First, Middle Initial)	to Loan Godice	Name of Employer			
		O a sum ation			
Mailing Address		Occupation			
		Amount			
City State	ZIP Code	Guaranteed Outstanding:	9 9		
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City State	ZIP Code	Guaranteed Outstanding:	9 9		
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City State	ZIP Code	Guaranteed Outstanding:	7		
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City State	ZIP Code	Guaranteed Outstanding:	7		
SUBTOTALS This Period This Page (optional)					
OTALS This Period (last page in this line or	nly)		7		
Carry outstanding balance only to LINE 3, So	chedule D for this line. If	no Schedule D. corru form	yard to appropriate line of Summon		
July outstanding Dalance Ully to Line 3, 3	oncounce, for this line. If	Joinedule D, Carry 101W	rara to appropriate inte of Julillidiy.		

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SC/10 Transaction ID: SC/10.4133

Candidate Loan - Personal Funds

Form/Schedule: Transaction ID:

SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

X	13a
	13b

DANS			Detailed Summary Pag		(check only or	ne)		13a 13b
AME OF COMMITTEE (In Full)		Transac	ction ID) : SC/10.4131			
lanice Kovach for Cor	ngress							
LOAN SOURCE Full Name	e (Last, First, Middle	e Initial)	[PERSONAL FUNDS]	Elect				
Janice Kovach					Primary General			
Mailing Address 4 Mitchell Lane					Other (specify)	▼		
City	St	ate ZIP Cod	de					
Clinton		NJ 08809						
Original Amount of Loan	C	Cumulative Payment To	Date Bala	ance O	utstanding at C	lose of Th	nis F	Period
7 7	25000.00		0.00		9 9	25000).00	
TERMS Date Incurre	d	Date Due	Interest Rate	е		Secured	:	
M 07 ^M / D 12 ^D / Y	Ž014 Y	M / D D / Or	Demand 0.00	0	% (apr)	Yes	×	No
List All Endorsers or Guar		oan Source						
1. Full Name (Last, First, N	Middle Initial)		Name of Employer					
Mailing Address			Occupation					
			Amount	-			_	
City	State	ZIP Code	Guaranteed Outstanding:	,	7	-	_	
2. Full Name (Last, First, N	liddle Initial)		Name of Employer					
Mailing Address			Occupation					
			Amount Guaranteed				$\overline{}$	
City	State	ZIP Code	Outstanding:	7	7		_	
3. Full Name (Last, First, M	liddle Initial)		Name of Employer					
Mailing Address			Occupation					
	_		Amount				Ŧ	
City	State	ZIP Code	Guaranteed Outstanding:	7	7		_	
4. Full Name (Last, First, M	liddle Initial)		Name of Employer					
Mailing Address			Occupation					
			Amount	-			$\overline{}$	
City	State	ZIP Code	Guaranteed Outstanding:	7	7	-	_	
SUBTOTALS This Period This	Page (optional)		······		7	25000).00	
TOTALS This Period (last pag	e in this line only)				, , ,	45000	0.00	
Carry outstanding balance on	ly to LINE 3 School	ule D for this line If	no Schedule D. carry for	ward to	annronriate I	ine of Su	— mm	arv

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SC/10 Transaction ID: SC/10.4131

Candidate Loan - Personal Funds

Form/Schedule: Transaction ID:

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 9 OF
FOR LINE NUMBER:
(check only one)

	9
$\overline{\mathbf{v}}$	10

NAME OF COM	MITTEE (In Full)	
lanice	Koyach for	Congress

Janice Kovach for Cong	gress			
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor			Nature of Debt (Purpose): Political/Communications Consulting Services
Apollo Political LLC		. Salida, Communications Consuming Get vices		
Mailing Address 1914 Windham Lane				
City State	Zip Code			
Silver Spring	MD	20902		
Outstanding Balance Beginning This Period				Transaction ID: SD10.4136
17691.89				
Amount Incurred This Period	Paym	ent This Period		Outstanding Balance at Close of This Period
0.00			0.00	17691.89
B. Full Name (Last, First, Middle Initial) of Debtor	or Craditor	,		Nature of Debt (Purpose):
Keenyo Consultants LLC	or Greditor			Political/Fundraising Consulting Services
Mailing Address 204 Normandy Road				
City State Edison	Zip Code NJ	08820		
Outstanding Balance Beginning This Period	140			Transaction ID : SD10.4140
3500.00				Transaction ib . 3510.4140
	Daviss	ant Thin David		Outstanding Delegas at Class of This Deviced
Amount Incurred This Period	Paym	ent This Period	0.00	Outstanding Balance at Close of This Period 3500.00
0.00		9	0.00	3300.00
C. Full Name (Last, First, Middle Initial) of Debto				Nature of Debt (Purpose):
Strategic Message Management	Inc			Political/Communications Consulting Services
Mailing Address 15 Alden Street				
City	State	Zip Code		
Cranford	NJ	07016		
Outstanding Balance Beginning This Period				Transaction ID : SD10.4142
6500.00				
Amount Incurred This Period	Paym	ent This Period		Outstanding Balance at Close of This Period
0.00			0.00	6500.00
1) SUBTOTALS This Period This Page (optional)			>	27691.89
O) TOTALS This Devied (lest wags this line number	anlu)			27691.89
2) TOTALS This Period (last page this line number	orlly)			7 7
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)		45000.00
4) ADD 2) and 3) and carry forward to appropriate	line of Summary	Page (last page	e only)	72691.89

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SD10 Transaction ID: SD10.4136

Total amount of debt is subject to negotiation.

Form/Schedule: SD10 Transaction ID: SD10.4140

Total amount of debt is subject to negotiation.

: 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' + H9 A = N5 H+ CB

Form/Schedule: SD10 Transaction ID: SD10.4142

Total amount of debt is subject to negotiation.

Form/Schedule: Transaction ID: